

SUBDERMAL CONTRACEPTIVE IMPLANT REMOVAL RECORD

Name _____ Date _____
Age _____ Date of Birth _____
Allergies _____
Current Method of Contraception _____
Current Medications _____
LNMP _____

Date of insertion _____ Insertion Record reviewed ☐ yes ☐ no

Reason(s) for removal

- ☐ 3 years since insertion
- ☐ Desire pregnancy
- ☐ Pregnancy occurred
- ☐ Irregular bleeding
- ☐ Side effects _____
- ☐ Other _____

Implant palpable before removal? ☐ yes ☐ no

If no, how was implant localized? _____

Implant removed intact? ☐ yes ☐ no

Difficulty with removal? ☐ yes ☐ no

If yes, specify

- ☐ Significant fibrosis
- ☐ Implant broken or fractured
- ☐ Implant in fascia or muscle
- ☐ Incision needed to be enlarged
- ☐ Implant not found
- ☐ Referral for removal _____

After implant removed:

- ☐ New implant inserted (refer to insertion record)
- ☐ Condoms ☐ offered ☐ given
- ☐ Combined oral contraceptive initiated brand name _____
of cycles _____ start date _____
- ☐ Other method of contraception initiated _____

Return Visit _____

Date _____ **Interpreter Name** _____

Clinician Signature _____